

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 99-7

CHILD ABDUCTION AND RECOVERY

AND

VERY HIGH FIRE HAZARD SEVERITY ZONES

In accordance with Government Code Section 17561, local agencies may submit claims with the State Controller's Office for reimbursement of costs incurred for State mandated cost programs. The following are claiming instructions and forms that local agencies will use for the filing of claims for two mandated cost programs. These claiming instructions are issued subsequent to the adoption of the program's parameters and guidelines by the Commission on State Mandates.

Program Names	Funding
Ch. 1399/76 Child Abduction and Recovery – This mandate requires counties to actively assist in the resolution of child custody problems and the enforcement of custody decrees.	\$9,909,000 ¹
Ch. 1188/92 Very High Fire Hazard Severity Zones -- This mandate requires any city, county, city and county, or special district responsible for fire protection within a “very high fire hazard severity zone” to make the information contained in the State’s recommendation identifying an area as a “very high fire hazard severity zone” available to the public, to adopt an ordinance consistent with the Model Ordinance adopted by the State Fire Marshall, and to send additional notification of maintenance requirements to property owners on an annual basis.	Pending ²

Reimbursement claims detailing the actual costs incurred for 1998-99 and prior fiscal years must be filed with the State Controller's Office. ***Claims must be delivered or postmarked on or before February 28, 2000.*** Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000. In order for a claim to be considered properly filed, it must include supporting documentation as specified in the instructions substantiating the costs claimed. In addition, the functions performed by each employee for whom costs were claimed must be explained. *Claims filed more than one year after the deadline, or without supporting documentation, will not be accepted.*

Estimated claims for costs to be incurred during the 1999-2000 fiscal year must also be filed by ***February 28, 2000.*** Timely filed claims will be paid before late claims.

Reimbursable Fiscal Years

The mark “x” indicates the fiscal year for which a claim can be filed.

Program Names	96-97	97-98	98-99	99-00
Ch. 1399/76 Child Abduction and Recovery			x	x
Ch. 1188/92 Very High Fire Hazard Severity Zones	x	x	x	x

¹ Funded in the 1999 State Budget Act (Ch. 50/99), Item 0820-295-0001 (1).

² Funding may be provided in a future appropriations act.

Minimum Claim Cost

Government Code Section 17564(a) provides that no claim or payment shall be made pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county, as a fiscal agent, may submit a combined claim in excess of \$200 on behalf of special districts within the county, even if an individual district's claim does not exceed two hundred dollars (\$200). A combined claim must show the individual claim costs for each special district. Once a combined claim is filed, all subsequent fiscal years relating to the same mandate must similarly be filed in a combined form. The county is responsible for disbursing funds to each participating district. A special district may withdraw from the combined claim form by providing the county and the State Controller's Office with a written notice of its intent to file a separate claim, at least 180 days prior to the filing deadline for filing the claim.

Estimated Claims

Unless otherwise specified in the claiming instructions, claimants are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. The claimant can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, the claimant must complete claim forms as specified for the program and explain the reason for increased costs. If no explanation supporting the higher estimate is provided with the claim, the claim will automatically be adjusted to 110% of the previous fiscal year's actual costs.

Reimbursement Claims

Reimbursement claims for actual increased costs must be supported by documentation providing evidence of the validity of the expenditures including, but not limited to, employee time records, invoices, receipts, contracts, and purchase orders. No claim for actual costs shall be filed without supporting documentation.

Audit of Costs

All claims submitted to the State Controller's Office are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the claiming instructions. If any adjustments are made to a claim, a "Notice of Claim Adjustment," specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the State Controller's Office as deemed necessary. Accordingly, documentation to support actual costs claimed must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended. When no funds are appropriated for initial claims at the time the claim is filed, supporting documents must be retained for two years from the date of initial payment of the claim. Claim documentation shall be made available to the State Controller's Office on request.

Retention of Claiming Instructions

Claiming instructions and forms in this package should be retained permanently in your *Mandated Cost Manual* for future reference and use in filing claims. These forms should be

duplicated to meet your filing requirements. Each year the State Controller's Office will place on its Web site www.sco.ca.gov/ard/local/locreim/index.htm updated forms as well as any other information or instructions claimants may need to file claims. Each vertical line next to the margin indicates the place where a revision was made to the instructions or form. When the costs of a new program are claimable, instructions to claim these costs will be placed on the Web site for claimants.

Request of the Commission on State Mandates

Claimants are encouraged to send (by mail to the Commission on State Mandates, 1300 I Street, Suite 950, Sacramento, CA 95814, or facsimile to (916) 445-0278 a completed copy of form VHFH-1 of these claiming instructions for each of the initial year's reimbursement claims. Providing this information is not a condition of payment; however, this information will enable the Commission to develop a statewide cost estimate and recommend an appropriation to the Legislature for funding the mandated programs contained in these instructions.

Address for Filing Claims

Submit a signed original and a copy of form FAM-27, Claim for Payment, and a copy of all other forms and supporting documents to:

If delivery is by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivery is by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

If you have any questions concerning mandated cost reimbursements, please write to us at the above address, send e-mail to jyee@sco.ca.gov, or call the Local Reimbursements Section at (916) 323-3258.

CHILD ABDUCTION AND RECOVERY

Family Code Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421
Penal Code Sections 277, 278, and 278.5
Welfare and Institutions Code Section 11478.5
Chapter 1399, Statutes of 1976
Chapter 162, Statutes of 1992
Chapter 988, Statutes of 1996

1. Summary of Chapter 1399/76, 162/92, and 988/96

Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to, and amended Sections 5157, 5160, and 5169 of the Civil Code; added Section 278 and 278.5 to the Penal Code, and amended Sections 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments that must become involved in child custody matters. Prior to the enactment of this statute, parents or others interested in the custody of minors received no assistance from law enforcement agencies when their interests were pursued in court. This statute requires counties to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by county and state departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, The Uniform Child Custody Jurisdiction Act.

Chapter 990, Statutes of 1983, amended Section 4604 of the Civil Code to clarify that the enforcement requirements of this section applied to visitation decrees as well as custody decrees.

Chapter 162, Statutes of 1992, repealed Sections 4600.1, 4604, 5157, 5160, and 5169 of the Civil Code and, without substantial change, enacted Sections 3060 to 3064, 3130 to 3134.5, 3408, 3411, and 3421 of the Family Code.

Chapter 988, Statutes of 1996, the Parental Kidnapping Prevention Act, repealed Sections 277, 278, and 278.5 of the Penal Code and enacted a new statutory scheme in Sections 277, 278, and 278.5 that eliminated the distinction between cases with and cases without a pre-existing child custody order.

On September 19, 1979, the Board of Control predecessor to the Commission on State Mandates, determined that Chapter 1399, Statutes of 1976, resulted in state mandated costs that are reimbursable pursuant to Part 7 (commencing with Government Code Section 17500) of Division 4 of Title 2.

2. Eligible Claimants

Any county incurring increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

3. Appropriations

These claiming instructions are issued following the adoption of the program's parameters and guidelines by the Commission on State Mandates. To determine if funding is available for the current fiscal year refer to the schedule, "Appropriations for State Mandated Cost Programs" in the

"Annual Claiming Instructions for State Mandated Costs" issued in October of each year to county auditors.

4. Types of Claims

A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

B. Minimum Claim

Section 17564(a) of the Government Code provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year.

5. Filing Deadline

A. Initial Claims

Pursuant to Government Code Section 17561, Subdivision (d)(3), initial claims must be filed within 120 days from the issuance date of claiming instructions. Accordingly:

- 1) Reimbursement claims detailing the actual costs incurred for the 1998-99 fiscal year must be filed with the State Controller's Office and postmarked by February 28, 2000. If the reimbursement claim is filed after the deadline of February 28, 2000, the approved claim must be reduced by a penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.
- 2) Estimated claims for costs to be incurred during the 1999-00 fiscal year must be filed with the State Controller's Office and postmarked by February 28, 2000. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1999-00 reimbursement claim must be filed by January 15, 2001.

B. Annually Thereafter

- 1) After having received payment for an estimated claim, the claimant must file a reimbursement claim by January 15 of the following fiscal year. If the local agency fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the agency may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.
- 2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by January 15 following the fiscal year in which the costs will be incurred. If the claim is filed after the deadline but by January 15 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

6. Reimbursable Activities

For each eligible claimant all direct and indirect costs of labor, materials and supplies, contract services, training, and travel for the following activities only are eligible for reimbursement:

A. Compliance with Court Orders

Obtaining compliance with court orders relating to child custody or visitation proceedings and the enforcement of child custody or visitation orders including:

- 1) Contact with children and other persons involved.
 - a) Receipt of reports and requests for assistance.
 - b) Mediating with or advising individuals involved. Mediating services may be provided by other departments. In this case, indicate the department.
 - c) Locating missing or concealed offender and children.
- 2) Utilizing any appropriate civil or criminal court action to secure compliance
 - a) Preparation and investigation of reports and requests for assistance.
 - b) Seeking physical restraint of offenders and/or the children to assure compliance with court orders.
 - c) Process services and attendant court fees and costs.
 - d) Depositions.
- 3) Physically recovering the child(ren).
 - a) Travel expenses, food, lodging, and transportation for the escort and child(ren).
 - b) Other personal necessities for the child(ren). All items purchased must be itemized.

B. Court Costs for Out-of-Jurisdiction Cases

Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Family Code §3400 through 3425) and actions relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and the Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99th Congress, 1st Session).

1) Cost of Foster Care

The cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care may not exceed three days unless special circumstances exist.

Special circumstances must be justified. A maximum of ten days per child is allowable. Costs must be identified per child, per day. Costs must be reduced by the amount of state reimbursement for foster home care received by the county for the placed child(ren).

2) Transportation Costs

- a) Travel, expenses, food, lodging, and transportation for the escort and child(ren).
- b) Other purchases of personal necessities for the child(ren) must be itemized. Recovered costs from any party or agency must be used as an offset against costs claimed.
- c) Securing appearance of the offender and/or child(ren) when an arrest warrant or other court order to produce the offender or child(ren) has been issued.
 - i) Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.
 - ii) Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.
- d) Return of of the illegally obtained or concealed child(ren) to the legal custodian or agency.
 - i) Cost of food, lodging, transportation, and other personal necessities for the the child(ren) from the time he/she is located until he/she is delivered to the legal custodian or agency. Purchases of personal necessities must be itemized.
 - ii) Cost of an escort for the child(ren), including cost of food, lodging, transportation, and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.
 - iii) Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) or defendant, if not part of a criminal extradition, must be shown and used against these costs.

7. Reimbursement Limitations

- A. Reimbursement is not allowed for costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.
- B. Any offsetting savings or reimbursement the claimant received from any source including, but not limited to, service fees collected, federal funds, and other state funds as a direct result of this mandate shall be identified and deducted so only net local cost is claimed.

8. Claiming Forms and Instructions

The diagram, "Illustration of Claim Forms," provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms CAR-1 and CAR-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement

claims. The State Controller's Office will revise the manual and claim forms as necessary. In such instances, new replacement forms will be mailed to claimants.

A. Form CAR-2, Component/Activity Cost Detail

This form is used to segregate the detailed costs by claim component. A separate form CAR-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

1) Salaries and Benefits

Identify the employee(s) and/or show the classification of each employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate, and related fringe benefits.

The average number of hours devoted to each function may be claimed if supported by a documented time study. A time study may be appropriate for functions that are relatively short in duration and repetitive. If the claim is based on a time study, submit with the claim all documentation for the Controller's review of the study's precision and reliability.

Reimbursement of personnel services includes compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g. annual leave, sick leave) and the employer's contribution to social security, pension plans, insurance, and workers' compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities that the employee performs. However, benefit rates must be itemized. If no itemization is submitted, 21 percent must be used for computation of claimed costs.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

2) Materials and Supplies

Only expenditures that can be identified as a direct result of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate. These may include communication devices, memberships, subscriptions, or publications that are necessary for the performance of this mandate. The cost of materials and supplies that are not used exclusively for the mandate is limited to the pro rata portion used to comply with this mandate. Purchases shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the expenditures.

3) Contract Services

Give the name(s) of the contractor(s) who performed the services. Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates

when services were performed, and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

4) Fixed Assets

List the purchase price of equipment and other capital assets acquired for the purpose of this mandate. These may include vehicles, or office equipment that are necessary for the performance of this mandate. Purchase price includes taxes, delivery, and installation costs. Explain the use of each asset. If an asset is acquired for the subject state mandate, but is utilized in some way not directly related to the program, only the pro-rated portion of the asset that is used for purposes of this program is reimbursable.

Source documents may include, but are not limited to, general and subsidiary ledgers, purchase orders, receipts, canceled warrants, inventory records, and other documents evidencing the purchases.

5) Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlements are reimbursable in accordance with the rules of the local jurisdiction. Give the name(s) of the traveler(s), purpose of travel, inclusive dates, destination points, and costs.

Source documents required to be maintained by the claimant may include, but are not limited to, receipts, employee travel expense claims, and other documents evidencing the validity of the expenditures.

6) Training

The cost of training for activities specified in 6 A. and B. may be claimed. Give the title and subject of the training session, dates, location, and name(s) of the employee(s) attending training associated with the mandate. Reimbursable costs include, but are not limited to, salaries and benefits of personnel conducting or attending the training, registration fees, transportation, lodging, and per diem. Child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training are reimbursable.

Source documents may include, but are not limited to, employee travel expense claims, receipts, training agendas, and other documents evidencing the training expenses.

For audit purposes all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. If no funds are appropriated for the initial claim at the time the claim was filed, supporting documents must be retained for two years from the date of the initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

B. Form CAR-1.1, Reimbursement Source Summary

On form CAR 1.1 show details of any reimbursement received from the individuals or agencies involved in these cases. Show the total amount of such reimbursements as a reduction of the amount claimed on form CAR-1. In addition, costs claimed must be reduced by the amount recovered from the charges imposed by the court.

Any amount received by a county and forwarded directly to the state must be reported on form CAR-1, but will not reduce the amount of the claim.

C. Form CAR-1, Claim Summary

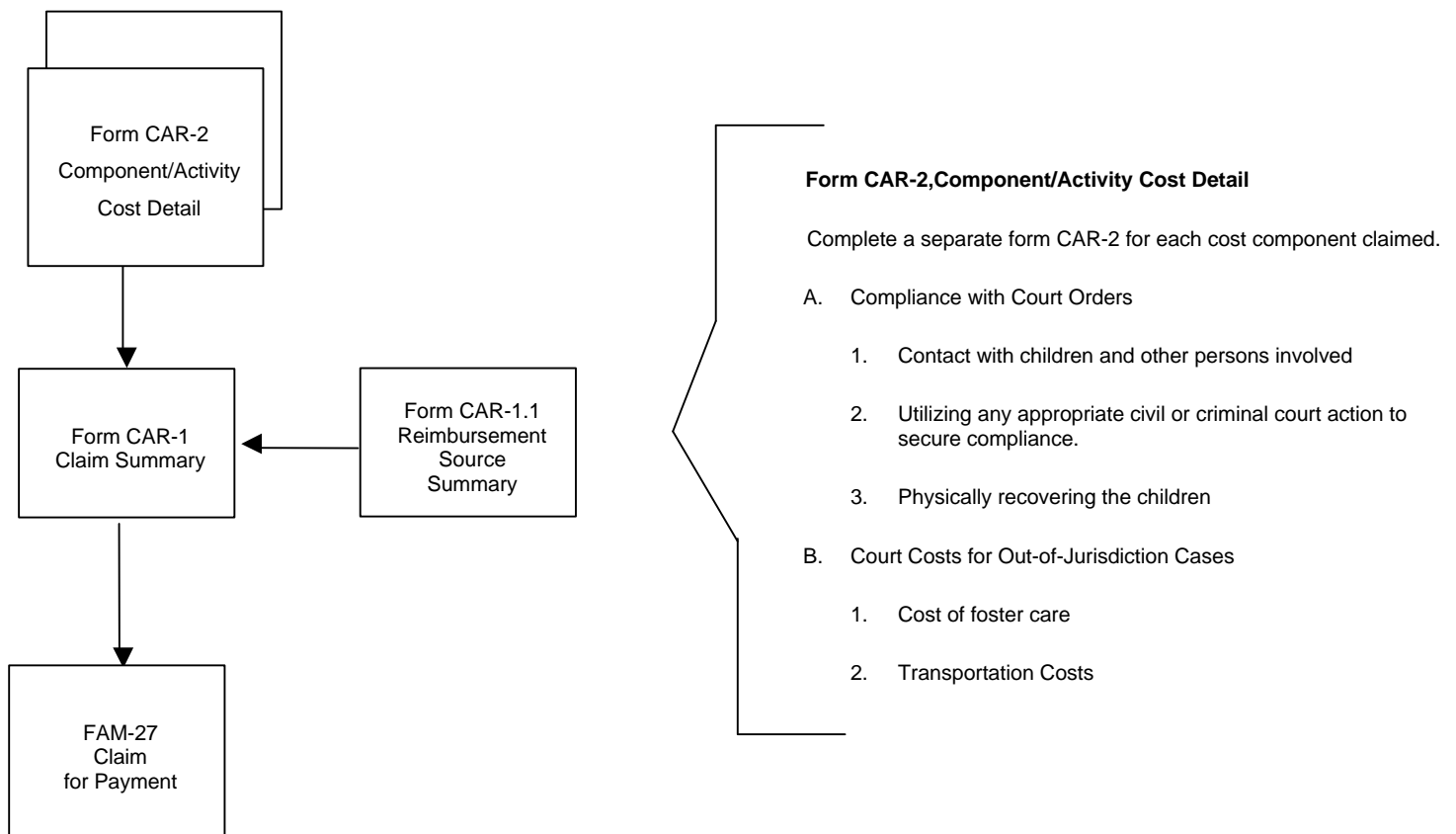
This form is used to summarize direct costs by cost component and compute allowable indirect costs for the mandate. Direct costs summarized on this form are derived from CAR-2 and carried forward to form FAM-27.

Indirect costs are eligible for reimbursement utilizing the procedure provided in the OMB Circular A-87. Claimants have the option of using 10% of direct labor costs, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) for the department if the indirect cost rate claimed exceeds 10%. If more than one department is involved in the mandated program, each department must have its own ICRP prepared in accordance with OMB Circular A-87. An ICRP must be submitted with the claim when the indirect cost rate exceeds 10%.

D. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form CAR-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

Illustration of Claim Forms



CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 CHILD ABDUCTION AND RECOVERY			For State Controller Use Only	
<div style="position: absolute; left: -40px; top: 50px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">LABEL HERE</div> (01) Claimant Identification Number (02) Mailing Address Claimant Name County of Location Street Address or P. O.. Box City State Zip Code			(19) Program Number 00013 (20) Date File ____/____/____ (21) LRS Input ____/____/____	
			Reimbursement Claim Data	
			(22) CAR-1, (03)(a)	
			(23) CAR-1, (03)(b)	
(24) CAR-1, (04)(1)(f)			(25) CAR-1, (04)(2)(f)	
(26) CAR-1, (06)				
Type of Claim	Estimated Claim	Reimbursement Claim	(27)	
(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(28)		
(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29)		
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(30)		
Fiscal Year of Cost	(06) 19____/20____	(12) 19____/20____	(31)	
Total Claimed	(07)	(13)	(32)	
Less: 10% Late Penalty, not to exceed \$1,000		(14)	(33)	
Less: Estimated Claim Payment Received		(15)	(34)	
Net Claimed Amount		(16)	(35)	
Due from State	(08)	(17)	(36)	
Due to State		(18)	(37)	
(38) CERTIFICATION OF CLAIM <p>In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1399, Statutes of 1976, Chapter 162, Statutes of 1992, and Chapter 988, Statutes of 1996; and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1399, Statutes of 1976, Chapter 162, Statutes of 1992, and Chapter 988, Statutes of 1996.</p> <p>The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1399, Statutes of 1976, Chapter 162, Statutes of 1992, and Chapter 988, Statutes of 1996 set forth on the attached statements.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">Signature of Authorized Representative</div> <div style="width: 45%;">Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">Type or Print Name</div> <div style="width: 45%;">Title</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">(39) Name of Contact Person for Claim</div> <div style="width: 45%;">Telephone Number</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div>				

CHILD ABDUCTION AND RECOVERY
Certification Claim Form
Instructions

FORM
FAM-27

- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address has been enclosed with the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the place shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If estimate exceeds the previous fiscal year's actual costs by more than 10%, complete form CAR-1 and enter the amount from line (11). If more than one form CAR-1 is completed due to multiple department involvement in this mandate, add line (11) of each form CAR-1.
- (08) Enter the same amount as shown in line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an " X " in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form CAR-1, line (11). If more than one form CAR-1 is completed due to multiple department involvement in this mandate, add line (11) of each form CAR-1.
- (14) The 1998-99 reimbursement claim is due February 28, 2000. In subsequent years reimbursement claims must be filed by January 15 of the fiscal year in which costs were incurred or the claims shall be reduced by a late penalty. Enter the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, which ever is less.
- (15) If you are filing a reimbursement claim and have previously filed an estimated claim for the same fiscal year, enter the amount received for the estimated claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16) Net Claimed Amount is positive, enter that amount on line (17) Due from State.
- (18) If line (16) Net Claimed Amount is negative, enter that amount in line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (37) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (26) for the reimbursement claim [e.g., CAR-1, (03)(a), means the information is located on form CAR-1, line (03)(a)]. Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, (i.e., no cents). Indirect cost percentage should be shown as a whole number and without the percent symbol (i.e., 35% should be shown as 35). Completeness will expedite the payment process.
- (38) Read the statement "Certification of Claim." If the statement is true, the claim must be dated, signed by the agency's authorized representative and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by a signed certification.
- (39) Enter the name of the person and telephone number that this office should contact if additional information is required.

SUBMIT A SIGNED ORIGINAL AND A COPY OF FORM FAM-27, AND A COPY OF ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

***Address, if delivered by:
U.S. Postal Service***

**OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250**

***Address, if delivered by:
Other delivery service***

**OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816**

MANDATED COSTS CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY						FORM CAR-1	
(01) Claimant			(02) Type of Claim			Fiscal Year	
			Reimbursement <input type="checkbox"/>				
			Estimated <input type="checkbox"/>			19____/19____	
Claim Statistics							
(03)(a) Number of Cases for Compliance with Court Order							
(b) Number of Out-of-Jurisdiction Cases							
Direct Costs			Object Accounts				
(04) Reimbursable Components:	(a) Salaries	(b) Benefits	(c) Services and Supplies	(d) Fixed Assets	(e) Travel and Training	(f) Total	
1. Compliance with Court Orders							
2. Court Costs for Out-of-Jurisdiction Cases							
(05) Total Direct Costs							
Indirect Costs							
(06) Indirect Cost Rate [From ICRP]						%	
(07) Total Indirect Costs [Line (06) x line (05)(a)] or [line (06) x {line (05)(a) + line (05)(b)}]							
(08) Total Direct and Indirect Costs: [Line (05)(d) + line (07)]							
Cost Reduction							
(09) Less: Offsetting Savings							
(10) Less: Other Reimbursements							
(11) Total Claimed Amount [Line (08) - {Line (09) + Line (10)}]							

CHILD ABDUCTION AND RECOVERY CLAIM SUMMARY Instructions	FORM CAR-1
--	-----------------------------

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- Form CAR-1 must be filed for a reimbursement claim. Do not complete form CAR-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form CAR-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Enter the number of cases claimed for each reimbursable component.
1. Number of Cases for Compliance with Court Orders. Enter the number of cases processed during the fiscal year that were related to the compliance with court orders. When calculating the number of cases, a case that is open and closed and open again due to another incident, count as two cases.
 2. Number of Out-of-Jurisdiction Cases. Enter the number of out-of-jurisdiction cases received during the fiscal year.
- (04) Reimbursable Components. For each reimbursable component enter the total from form CAR-2, line (05) columns (d), (e), (f), (g), and (h) to form CAR-1, block (04) columns (a) to (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is reporting costs, each must have their own ICRP for the program.
- (07) Total Indirect Costs. Multiply Total Salaries, line (05)(a) by the Indirect Cost Rate, line (06). If both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply Total Salaries and Benefits, line (05)(a) and line (05)(b) by the Indirect Cost Rate, line (06).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f) and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements. Enter the amount from line (04) of form CAR-1.1. Any offsetting savings or reimbursement the claimant received from any source including but not limited to, service fees collected, federal funds, and other state funds as a result of this mandate, shall be identified and deducted so only the net local cost is claimed.
- (11) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements line (10), from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim, or line (13) for the Reimbursement Claim.

[illegible]

<p>CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY</p> <p>Instructions</p>	<p>FORM CAR-1.1</p>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred. A separate form CAR-1.1 must be completed for each fiscal year's claim.
- (03) (a) List the cost component 1. Compliance with Court Orders, or 2. Court Costs for Out-of-Jurisdiction Cases.
- (b) Enter the case number or name of the child.
- (c) Enter the reimbursement source.
- (d) Enter the amount of reimbursement for the custody of minor programs the county has received from defendants, other individuals, or the State Foster Care Program.
- (04) Enter the total amount of reimbursement received and carry forward this amount to form CAR-1, line (10), Other Reimbursements.

MANDATED COSTS CHILD ABDUCTION AND RECOVERY COMPONENT/ACTIVITY COST DETAIL						FORM CAR-2	
(01) Claimant Department:			(02) Fiscal Year Costs Were Incurred				
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.							
<input type="checkbox"/> Compliance with Court Orders							
<input type="checkbox"/> Court Costs for Out-of-Jurisdiction Cases							
(04) Description of Expenses: Complete columns (a) through				Object Accounts			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Employee Names, Job Classifications, Activities Performed and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Services and Supplies	Fixed Assets	Travel and Training
(05) Total <input type="text"/> Subtotal <input type="text"/> Page ____ of ____							

**CHILD ABDUCTION AND RECOVERY
COMPONENT/ACTIVITY COST DETAIL**

Instructions

**FORM
CAR-2**

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred. Do not file CAR-2 for an Estimated Claim.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form CAR-2 shall be prepared for each component which applies.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of their activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, etc. To simplify the claim process, the cost of actual time spent by county staff for activities related to Compliance with Court Orders and Out of Jurisdiction Cases may be combined. In addition, costs of fixed assets for both components are claimed under Compliance with Court Orders. For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents shall be made available to the State Controller's Office on request.

Object/ Subobject Accounts	Columns							(h)	Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)		
Salaries	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
Benefits	Title								
	Activities Performed	Benefit Rate	Hours Worked		Benefits = Benefit Rate x Salaries				
Services and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity			
Materials and Supplies	Name of Contractor	Hourly Rate	Hours Worked Inclusive Dates of Service			Itemized Cost of Services Performed			Invoice
	Specific Tasks Performed								
Fixed Assets	Description of Equipment Purchased/Asset	Unit Cost	Usage				Itemized Cost of Equipment Purchased		Invoice
Travel and Training	Purpose for Trip Name and Title	Per Diem Rate	Days					(b) x (c) Rate x Days or Miles Total	
Travel	Departure and Return Date	Mileage Rate	Miles Trans.						
Training	Employee Name/Title Name of Class		Dates Attended					Registration Fee	

- (05) Total line (04), columns (d), (e), (f), (g), and (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component costs, number each. Enter totals from line (05), columns (d), (e), (f), (g), and (h) to form CAR-1, block (04) columns (a), (b), (c), (d), and (e) in the appropriate row.

VERY HIGH FIRE HAZARD SEVERITY ZONES

Government Code Sections 51175 through 51189
Health and Safety Code Sections 13108.5 and 13132.7
Chapter 1188, Statutes of 1992
Chapter 843, Statutes of 1994
Chapter 333, Statutes of 1995

1. Summary of Chapters 1188/92, 843/94, and 333/95

In an effort to reduce the spread of uncontrolled fires, the Legislature enacted Chapter 1188, Statutes of 1992, Chapter 843, Statutes of 1994, and Chapter 333, Statutes of 1995, which require the identity of very high fire hazard severity zones throughout the State. Pursuant to Government Code Section 51178, the State Director of Forestry and Fire Protection is required to identify areas in the state as "very high fire hazard severity zones" and send a transmittal identifying the zones to affected local agencies. Government Code Section 51178 required the State to identify such zones in 15 specified counties by January 1, 1995.¹

Identification of "very high fire hazard severity zones" in all other counties was to be completed by the State by January 1, 1996. Thereafter, the State Director of Forestry and Fire Protection is required to periodically review, every five years, the areas in the state identified as "very high fire hazard severity zones" and make further recommendations regarding those areas as necessary. (Gov. Code § 51181).

On April 29, 1999, the Commission on State Mandates determined that Chapter 1188, Statutes of 1992, Chapter 843, Statutes of 1994, and Chapter 333, Statutes of 1995, resulted in a state mandate that is partially reimbursable within the meaning of Article XIII B, Section 6 of the of the California Constitution for the following reimbursable state mandated activities:

- Making the information contained in the State's recommendation identifying an area as a "very high fire hazard severity zone," available to the public in a format that is understandable and accessible to the general public, including, but not limited to, maps within 30 days of receiving the State's recommendation. (Gov. Code § 51178.5).
- Adopting an ordinance consistent with the Model Ordinance adopted by the State Fire Marshall, within 120 days of receiving the State's recommendation, which designates the "very high fire hazard severity zones" and describes the required maintenance standards in those designated areas. Local agencies are exempt from this requirement if the ordinances of the local agency, adopted on or before December 31, 1992, impose standards that are equivalent to, or more restrictive than, the standards imposed by the test claim legislation. (Gov. Code § 51179).
- Sending additional notification of the maintenance requirements imposed by Government Code Section 51182 to property owners and occupiers on an annual basis.

2. Eligible Claimants

Any city, county, city and county, or special district responsible for fire protection within a very high fire hazard severity zone that has incurred increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

¹ The 15 counties specified in Section 51178 are Alameda, Contra Costa, Los Angeles, Marin, Napa, Orange, Riverside, San Bernardino, San Francisco, San Mateo, Santa Barbara, Santa Clara, Solano, Sonoma, and Ventura.

3. Appropriations

These claiming instructions are issued following the adoption of the program's parameters and guidelines by the Commission on State Mandates. Funding for payment of initial claims will be made available in a future appropriation act subject to approval of the Legislature and the Governor.

To determine if funding is available for the current fiscal year refer to the schedule, "Appropriations for State Mandated Cost Programs" in the "Annual Claiming Instructions for State Mandated Costs" issued in October of each year to city fiscal officers, county auditors, and administrators of special districts.

4. Types of Claims

A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

B. Minimum Claim

Section 17564(a) of the Government Code provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year.

However, any county, as fiscal agent for special districts, may submit a combined claim in excess of \$200 on behalf of one or more districts within the county even if the individual district's claim does not exceed \$200. A combined claim must show the individual claim costs for each special district. Once a combined claim is filed all subsequent fiscal years relating to the same mandate must be filed in a combined form. The county receives the reimbursement payment and is responsible for disbursing funds to each participating district. A district may withdraw from the combined claim form by providing the county and the State Controller's Office with a written notice of its intent to file a separate claim at least 180 days prior to the deadline for filing the claim. Claims should be rounded to the nearest dollar.

C. Initial Claims

Pursuant to Government Code Section 17561, Subdivision (d)(3), initial claims must be filed within 120 days from the issuance date of claiming instructions. Accordingly:

- (1) Reimbursement claims detailing the actual costs incurred for the 1996-97, 1997-98, and 1998-99 fiscal years must be filed with the State Controller's Office and postmarked by February 28, 2000. If the reimbursement claim is filed after the deadline of February 28, 2000, the approved claim must be reduced by a penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.
- (2) Estimated claims for costs to be incurred during the 1999-00 fiscal year must be filed with the State Controller's Office and postmarked by February 28, 2000. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1999-00 reimbursement claim must be filed by January 15, 2001.

D. Annually Thereafter

Refer to the item, "Reimbursable State Mandated Cost Programs," contained in the cover letter for mandated cost programs issued annually in October that identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19__/19__ Reimbursement Claim," and/or "19__/19__ Estimated Claim," claims may be filed as follows:

- (1) An estimated claim filed with the State Controller's Office must be postmarked by January 15 of the fiscal year in which the costs will be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by January 15 of the following fiscal year. If the local agency fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the agency may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

- (2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by January 15 following the fiscal year in which the costs will be incurred. If the claim is filed after the deadline but by January 15 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

5. Reimbursable Activities

For each eligible claimant all direct and indirect costs of labor, materials and supplies, contract services, training, and travel for the following activities only are eligible for reimbursement:

A. Review

Reviewing and analyzing State recommendations, maps, and other related materials.

B. Information

Making the information contained in the State's recommendation identifying an area as a "very high fire hazard severity zone" available to the public in a format that is understandable and accessible to the general public. This activity includes, but is not limited to, the development of maps and overlays.

C. Adoption of Ordinance

Adopting an ordinance, consistent with the Model Ordinance adopted by the State Fire Marshal within 120 days of receiving the State's recommendation, which designates the "very high fire hazard severity zones" and describes the required maintenance standards in those designated areas. This activity includes the following:

- (1) Drafting and adoption of an ordinance.
- (2) Publication of the ordinance.

The components listed in Activities A, B, and C are eligible for reimbursement any time the State updates its recommendations through the creation of new zones, or by changing the boundaries of existing zones.

D. Notification

Sending additional notification of the maintenance requirements imposed by Government Code Section 51182 to property owners and occupiers on an annual basis.

- (1) Development of a manual or computer database or file for the names and addresses of owners and occupiers of property within "very high fire hazard severity zones" to the extent such information is not already maintained by the claimant. (One time activity)

- (2) Input of names and addresses of owners and occupiers of property within "very high fire hazard severity zones" in the database or file. (One time activity)
- (3) Updating the database or file containing the names and addresses of owners and occupiers of property within the "very high fire hazard severity zones" to the extent such information is not already maintained by the claimant.
- (4) Development of the notice describing the maintenance requirements imposed by Government Code Section 51182. (One time activity)
- (5) Mailing the notice describing the maintenance requirements imposed by Government Code Section 51182 to owners and occupiers of property within "very high fire hazard severity zones" on an annual basis.

6. Reimbursement Limitations

Any offsetting savings or reimbursement the claimant received from any source including, but not limited to, service fees collected under the Public Records Act (Gov. Code § 6250 et al.), federal funds, and other state funds as a direct result of this mandate shall be identified and deducted so only net local cost is claimed.

7. Claiming Forms and Instructions

The diagram, "Illustration of Claim Forms," provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms VHFH-1 and VHFH-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary. In such instances, new replacement forms will be mailed to claimants.

A. Form VHFH-2, Component/Activity Cost Detail

This form is used to segregate the detailed costs by claim component. A separate form VHFH-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

(1) Salaries and Benefits

Identify the employee(s) and/or show the classification of each employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate, and related fringe benefits.

Reimbursement of personnel services includes compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g. annual leave, sick leave) and the employer's contribution to social security, pension plans, insurance, and workers' compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities that the employee performs.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

(2) Materials and Supplies

Only expenditures that can be identified as a direct result of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate. The cost of materials and supplies that are not used exclusively for the mandate is limited to the prorated portion used to comply with this mandate. Purchase shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant.

Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the expenditures.

(3) Contract Services

Give the name(s) of the contractor(s) who performed the services. Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates when services were performed and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

(4) Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlements are reimbursable in accordance with the rules of the local jurisdiction. Give the name(s) of the traveler(s), purpose of travel, inclusive dates, destination points, and costs.

Source documents required to be maintained by the claimant may include, but are not limited to, receipts, employee travel expense claims, and other documents evidencing the validity of the expenditures.

(5) Training

Give the class title, dates, location, and name(s) of the employee(s) attending training associated with the mandate. Reimbursable costs include salaries and benefits for time spent, the registration fee, transportation, lodging, and per diem.

Source documents may include, but are not limited to, employee travel expense claims, receipts, and other documents evidencing the training expenses.

For audit purposes all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. If no funds are appropriated for the initial claim at the time the claim was filed, supporting documents must be retained for two years from the date of the initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

B. Form VHFH-1, Claim Summary

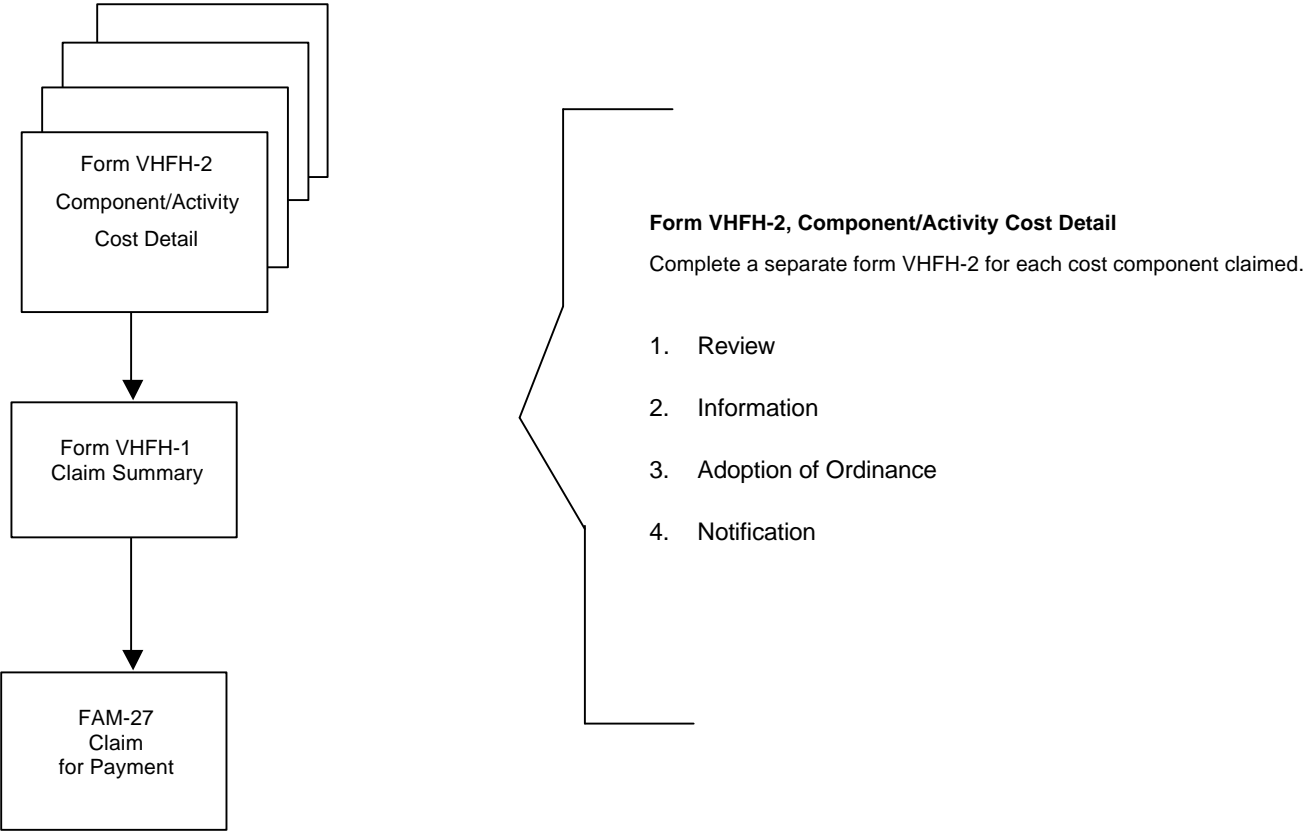
This form is used to summarize direct costs by cost component and compute allowable indirect costs for the mandate. Claim statistics shall identify the amount of work performed during the period for which costs are claimed. Direct costs summarized on this form are derived from VHFH-2 and carried forward to form FAM-27.

Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is involved in the mandated program, each department must have its own ICRP.

C. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form VHFH-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

Illustration of Forms



CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 VERY HIGH FIRE HAZARD SEVERITY ZONES			For State Controller Use Only	
			(19) Program Number 00181	
			(20) Date File _____/_____/_____	
			(21) LRS Input _____/_____/_____	
L A B E L H E R E	(01) Claimant Identification Number		Reimbursement Claim Data	
	(02) Mailing Address		(22) VHFH-1, (03)	
	Claimant Name		(23) VHFH-1, (04)(1)(f)	
	County of Location		(24) VHFH-1, (04)(2)(f)	
	Street Address or P.O. Box		(25) VHFH-1, (04)(3)(f)	
	City	State	Zip Code	(26) VHFH-1, (04)(4)(f)
Type of Claim	Estimated Claim	Reimbursement Claim	(27) VHFH-1, (06)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(28)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(30)	
Fiscal Year of Cost	(06) 19____/20____	(12) 19____/19____	(31)	
Total Claimed Amount	(07)	(13)	(32)	
Less: 10% Late Penalty, not to exceed \$1,000		(14)	(33)	
Less: Estimated Claim Payment Received		(15)	(34)	
Net Claimed Amount		(16)	(35)	
Due from State	(08)	(17)	(36)	
Due to State		(18)	(37)	
(38) CERTIFICATION OF CLAIM				
<p>In accordance with the provisions of Government Code § 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1188, Statutes of 1992, Chapter 843 Statutes of 1994, and Chapter 333, Statutes of 1995 and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1188, Statutes of 1992, Chapter 843, Statutes of 1994, and Chapter 333, Statutes of 1995.</p> <p>The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1188, Statutes of 1992, Chapter 843, Statutes of 1994, and Chapter 333, Statutes of 1995, set forth on the attached statements.</p>				
Signature of Authorized Representative		Date		
_____		_____		
_____		_____		
Type or Print Name		Title		
(39) Name of Contact Person for Claim		Telephone Number		
_____		(_____) _____ Ext. _____		

VERY HIGH FIRE HAZARD SEVERITY ZONES
Certification Claim Form
Instructions

FORM
FAM-27

- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address has been enclosed with the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the space shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form VHFH-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form VHFH-1, line (11).
- (14) Filing Deadline. Initial Claims of Ch. 1188/92, 843/94, and 333/95. If the reimbursement claim for the fiscal year 1996-97, 1997-98, or 1998-99, is filed after February 28, 2000, the claim must be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- In subsequent years, reimbursement claims must be filed by January 15 of the fiscal year in which costs are incurred or the claims shall be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and have previously filed an estimated claim for the same fiscal year, enter the amount received for the estimated claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16) Net Claimed Amount is positive, enter that amount on line (17) Due from State.
- (18) If line (16) Net Claimed Amount is negative, enter that amount in line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (37) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (27) for the reimbursement claim e.g. VHFH-1, (03), means the information is located on form VHFH-1, line (03). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, (i.e., no cents). Indirect costs percentage should be shown as a whole number and without the percent symbol (i.e., 35% should be shown as 35). Completion of this data block will expedite the payment process.
- (38) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized representative and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by a signed certification.
- (39) Enter the name of the person and telephone number that this office should contact if additional information is required.

SUBMIT A SIGNED ORIGINAL AND A COPY OF FORM FAM-27, AND A COPY OF ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

Address, if delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816**

MANDATED COSTS VERY HIGH FIRE HAZARD SEVERITY ZONES CLAIM SUMMARY						FORM VHFH-1	
(01) Claimant			(02) Type of Claim			Fiscal Year	
			Reimbursement <input style="width: 40px;" type="text"/> Estimated <input style="width: 40px;" type="text"/>			19__/19__	
(03) Number of Notices Sent to Owners and Occupiers of Property							
Direct Costs							
(04) Reimbursable Components	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Travel and Training	(e) Contract Services	(f) Total	
1. Review							
2. Information							
3. Adoption of Ordinance							
4. Notification							
(05) Total Direct Costs							
Indirect Costs							
(06) Indirect Cost Rate						[From ICRP] %	
(07) Total Indirect Costs						[Line (06) x {(line (05)(f) - line (05)(e))}]	
(08) Total Direct and Indirect Costs						[Line (05)(f) + line (07)]	
Cost Reduction							
(09) Less: Offsetting Savings, if applicable							
(10) Less: Other Reimbursements, if applicable							
(11) Total Claimed Amount						[Line (08) - {(Line (09) + Line (10))}]	

VERY HIGH FIRE HAZARD SEVERITY ZONES CLAIM SUMMARY Instructions	FORM VHFH-1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form VHFH-1 must be filed for a reimbursement claim. Do not complete form VHFH-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form VHFH-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Enter the number of notices sent to owners and occupiers of property within "very high fire hazard severity zones," during the fiscal year of claim.
- (04) Reimbursable Components. For each reimbursable component, enter the totals from form VHFH-2, line (05) columns (d), (e), (f), (g), and (h) to form VHFH-1, block (04) columns (a), (b), (c), (d), and (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is reporting costs for the program, each must have its own ICRP for the program.
- (07) Total Indirect Costs. Multiply Total Salaries, line (05)(a), by the Indirect Cost Rate, line (06). If both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (05)(a), and Total Benefits, line (05)(b), by the Indirect Cost Rate, line (06).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source, including but not limited to, service fees collected under the Public Records Act (G.C. Section 6250 et al.), and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13), for the Reimbursement Claim.

MANDATED COSTS VERY HIGH FIRE HAZARD SEVERITY ZONES COMPONENT/ACTIVITY COST DETAIL			FORM VHFH-2				
(01) Claimant			(02) Fiscal Year Costs Were Incurred				
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Review <input type="checkbox"/> Information </div> <div style="width: 45%;"> <input type="checkbox"/> Adoption of Ordinance <input type="checkbox"/> Notification </div> </div>							
(04) Description of Expenses: Complete columns (a) through (h)			Object Accounts				
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Travel and Training	(h) Contract Services
(05) Total <input style="width: 50px;" type="text"/> Subtotal <input style="width: 50px;" type="text"/> Page: _____ of _____							

**VERY HIGH FIRE HAZARD SEVERITY ZONES
COMPONENT/ACTIVITY COST DETAIL
Instructions**

**FORM
VHFH-2**

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form VHFH-2 shall be prepared for each component which applies.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee name(s), position title(s), a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, materials and supplies used, travel, training, and contract services. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed. Complete descriptions will expedite the payment process.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. If no funds were appropriated for the initial claim at the time the claim was filed, supporting documents must be retained for two years from the date of the initial claim. Such documents shall be made available to the State Controller's Office on request.
- (05) Total line (04), columns (d), (e), (f), (g), and (h) and enter the sum on this line. Check the appropriate box to indicate

Object/ Sub-object Accounts	Columns								Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Salaries	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
Benefits	Title Activities Performed	Benefit Rate			Benefits = Benefit Rate x Salaries				
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used			
Travel and Training	Purpose of Trip	Per Diem Rate Mileage Rate	Days Miles				Rate x Days or Miles = Total Transportation Cost		
Travel	Name and Title Departure and Return Date	Transportation Cost	Transportation Mode						
Training	Employee Name/Title Name of Class		Dates Attended				Registration Fee		
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service					Itemized Cost of Services Performe	Invoice

if the amount is a total or subtotal. If more than one form is needed for the component/activity, number each page. Enter totals from line (05), columns (d), (e), (f), (g), and (h) to form VHFH-2, block (04) columns (a), (b), (c), (d), and (e) in the appropriate row.